



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
VIOS	Melvin	P.	595-7199
MAILING ADDRESS (Street)			FAX
350 Ward Ave., Ste 106			595-7199
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Society for Human Resource Management Hawaii Chapter			236-2429
MAILING ADDRESS (Street)			FAX
P.O. Box 3175			236-2429
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	

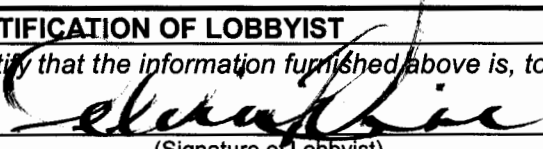
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		
Society for Human Resource Management Hawaii Chapter		
TELEPHONE		
236-2429		
MAILING ADDRESS (Street)		
P.O. Box 3175		
FAX		
236-2429		
(City)	(State)	(Zip Code)
Honolulu	HI	96801
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
Ms. Bethanne Enoki, SPHR		
TELEPHONE		
532-7428		
MAILING ADDRESS (Street)		
BEI, LLC 311 Pacific Street		
FAX		
532-7488		
(City)	(State)	(Zip Code)
Honolulu	HI	96817

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____
			_____

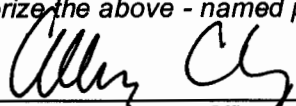
**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

1-27-05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME  Allen Chung		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED  President	
NAME OF ORGANIZATION (if applicable) Society for Human Resource Management Hawaii Chapter		TELEPHONE  236-2429	
MAILING ADDRESS (Street)  P.O. Box 3175		FAX  236-2429	
(City)  Honolulu	(State)  HI	(Zip Code)  96801	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
 (Signature of Authorizing Officer or Person Represented)		<u>1/31/05</u> (Date)	